

	<p align="center">FIRE DEPARTMENT REGISTRATION AND MUTUAL AID EQUIPMENT INFORMATION WORKSHEET</p>	<p><i>Mail, Fax or Email completed form to:</i> MISSOURI DEPARTMENT OF PUBLIC SAFETY DIVISION OF FIRE SAFETY P.O. BOX 844 JEFFERSON CITY, MO 65102 FAX: 573-751-1744 Email: firesafe@dfs.dps.mo.gov</p>
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Registration Form Directions:

1. Enter the Fire Department Identification Number as assigned by the State Fire Marshal's Office.

Contact the State Fire Marshal's Office if a number has not yet been assigned.

2. Enter name of registering fire agency.
3. Enter 24 hour contact information (other than 911) for the registering agency. This may be designated personnel or a 24 hour dispatch phone number.
4. Enter the mailing address of the main headquarters for the registering agency.
5. Enter the non-emergency business phone number available during business hours for the agency.
- 6-7. Enter the agency's website address and fax number, if available.
- 8-11. Enter the physical 911 street address, city, county and zip code of the agency headquarters. Also enter the GPS coordinates in lat/long format, decimal degrees to the 4th decimal place, (e.g. 38.5774, -92.1711). *The following website can be used to locate coordinates:*
<https://gis.dps.mo.gov/gis/Geocoder/index.html>
- 12-14. Enter the name, email address and primary phone number for chief of registering agency.
- 15-17. Enter the name, title, email address and primary phone number for secondary agency contact person.
18. Check the box of the description which most accurately characterizes the registering agency.
19. Check the box which describes the agency type.
20. Check the box which best describes the funding mechanism for the department.
21. Provide accurate numbers of personnel for each applicable category.
22. Indicate whether or not the agency's response boundaries were filed with the county administrative body in accordance with Revised MO Statute 320.310. (This does not apply to fire protection districts or city fire departments providing services within the boundaries of their city.)
23. Enter the number of fire stations affiliated with the registering agency; include information about additional fire stations on supplemental page.
24. Is the registering agency actively reporting to NFIRS? Mark "yes" or "no".
25. Indicate the fire code (and code edition) enacted and enforced by the reporting agency, if applicable.
26. Enter ISO rating 1-10. (If multiple ratings apply, please list the lowest rating.)
27. Enter the letter of the Mutual Aid Region in which the reporting agency is located. *Refer to the Mutual Aid Region listing at: <http://www.dfs.dps.mo.gov/MA%20Regions.pdf>.*

Fire Department Equipment information: Inventory and report all resources being utilized by the agency. Categorize equipment closest to, but not greater in capability than, the descriptions provided.

Enter Name of Agency Representative who completed the form, date completed and return by email, fax or mail to the Division of Fire Safety.